



Voluntary Quarantine Order

ARRIVING PERSON- ESSENTIAL WORKFORCE

RESTRICTION OF MOVEMENT (ROM)

(e.g., DOD construction, federal government, scientific, law enforcement, security, research, technical industrial, bank couriers etc.)

Guam Department of Public Health and Social Services (DPHSS) has put in place emergency public health measures to help slow the introduction and spread of COVID-19 in Guam. It is very important for the protection of your own health and that of the others in Guam that you abide by all aspects of this voluntary quarantine order.

Based on your recent travel history you are subject to 14-day quarantine from your date of arrival in Guam. However, a determination has been made to allow you to quarantine at your place of residence, hotel or rental lodging location under a Restriction of Movement (ROM) **because of your designation as essential workforce for Guam.**

By signing a *Voluntary Quarantine Acknowledgement*, Guam DPHSS hereby orders you to comply with the following:

- I agree to comply with the voluntary quarantine order for 14-days from my date of arrival in Guam.
- I agree to proceed directly from the airport to the designated quarantine location which is my residence, hotel, or rental lodging location.
- I agree to remain in my designated quarantine location leaving only to go to and from work each day (ROM), for medical emergencies, or to seek medical care.
- I can leave quarantine location to get take-out food or shop for essential groceries.
- I will not leave quarantine location to conduct banking, seek personal care or hygiene services (e.g., haircut, massage, manicure/pedicure etc.) go to the beach, or visit any public places.
- I agree to not allow any visitors at my designated quarantine location.
- I agree to monitor myself for symptoms of COVID-19 and report every day:

YOU MUST CALL, TEXT, OR WHATSAPP: 929-9294

If no one answers, you must leave a message and report the following information:

- Full name and Date of Birth (DOB)
- Whether or not you are experiencing any of the following:
 - ✓ Feel feverish or exact temperature if known ($>100.4^{\circ}\text{F}/38^{\circ}\text{C}$)
 - ✓ Cough, runny nose, sore throat
 - ✓ Shortness of breath
 - ✓ Chills
 - ✓ Headache/Muscle aches
 - ✓ Loss of smell or taste

THE KNOWING AND INTENTIONAL FAILURE TO FOLLOW ANY PART OF THIS ORDER CONSTITUTES A MISDEMEANOR PUNISHABLE BY A FINE OF NOT MORE THAN \$1,000 OR IMPRISONMENT OF NOT MORE THAN ONE YEAR OR BOTH (10 GCA, Chapter 19, §19604 (c) Cooperation).